STATEMENT OF

FORM 1	ORGAN (See inst	IZATION ructions)		Office use only
NAME OF COMMITTEE (in	full) X (Check if nan is changed)	ne Example: If typying, type over the lines	12FE4M5	
HOGAN LOVE	LLS POLITICAL ACTION CO	MMITTEE		
ADDRESS (number and	street) 555 THIRTEENT	H STREET NW 8TH FL		
(Check if address is changed)	WEST TOWER		11111	
	WASHINGTON		l bc	20004 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only o	,		
(Check if address is changed)	s john.stanton@h	oganlovells.com		
			111111	
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if addres	s		1 1 1 1 1 1 1	
is changed)	Lititi			
2. DATE 0.7	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	ATION NUMBER	C C00261339		
4. IS THIS STATEM	MENT NEW (N)	OR X AMENDED (A	.)	
I certify that I have exam	ined this Statement and to the best of n	ny knowledge and belief it is true, corre	ect and complete	
Torra on Dial Name of	Treasurer W. Michael	House		
Type or Print Name of	Treasurer	10000		
Signature of Treasure	Electronically Filed by W. Mi	chael House	Date 08	04 2010
NOTE: Submission of fa	and Change In the		·	s of 2 U.S.C. §437g.
	ANY CHANGE IN INFO	RMATION SHOULD BE REPORT	ED WITHIN 10 DAYS	
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-90	nmission	FEC FORM 1 (Revised 02/2009)